

## Certificate of Insurance Instructions

1. **Insurance Agent:** List the agent (not the Insurance Company) producing the policy for the insured.
2. **Insurance Company:** List the full name of the company providing the insurance coverage.
3. **Insured:** List the full name of the legal entity covered by the insurance policy, which must be in the exact same name of the legal entity holding or applying for the license or permit.  
Example: If the applicant is a corporation, then the Insured is the corporation. If the applicant is an individual, then insured is the applicant's full legal name. Individual, corporate and LLC names are not interchangeable.
4. **Policy Number:** List the insurance policy number. "Binder" or "Pending" are not accepted.
5. **Effective Date:** List the date the insurance policy starts.
6. **Expiration Date:** List the date the insurance coverage ends.
7. **Limits:** List the amounts of insurance coverage for each category. Do not provide a combined total. The amounts listed on the sample sheet are the minimum amount required under the Milwaukee Code of Ordinances.
8. **Description of Vehicles/Year:** List the model year of the covered vehicle.
9. **Description of Vehicles/Make:** List the vehicle make i.e. Ford, Chevrolet, etc.
10. **Description of Vehicles/Permit #:** List the City of Milwaukee permit number to which the insurance coverage is related.
11. **Description of Vehicles/VIN:** List the complete vehicle identification number for the insured vehicle.  
[!] If necessary, attach a separate sheet to the certificate of insurance listing the Year, Make, Permit #, and VIN for each vehicle covered by the insurance policy.
12. **Certificate Holder:** List "The City of Milwaukee" and use the mailing address as shown in the example.
13. **Authorized Representative:** List the name and provide the signature of the authorized representative of the insurance company.

<b>CERTIFICATE OF LIABILITY INSURANCE</b>
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Insurance Agent

1.

Insurance Agent

1.

Insurance Company

2.

Insurance Company

2.

Insured

3.

Insured

3.

#### Type of Insurance

Policy Number

Effective Date

Expiration Date

## Limits

4.

5.

6.

## 7.

Combined Bodily Injury Limit	
- each accident	\$100,000
Bodily Injury	
- per person	50,000
Property Damage	
- per accident	10,000
Uninsured Motorist	100,000

Uninsured Motorist	100,000
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Description of Vehicles:			
Year	Make	Permit #	VIN
8.	9.	10.	11.

8.

9.

Permit #

**10.**

VIN

**11.**

8.

9.

Permit #

**10.**

VIN

**11.**

Certificate Holder:

City of Milwaukee  
200 East Wells St  
Room 105  
Milwaukee, WI 53202

12.

Certificate Holder:

City of Milwaukee  
200 East Wells St  
Room 105  
Milwaukee, WI 53202

12.

Cancellation Clause:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.

**13.**

Authorized Representative

\_\_\_\_\_

Print Name

\_\_\_\_\_

Sign Name

Cancellation Clause:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.

**13.**

Authorized Representative

\_\_\_\_\_

Print Name

\_\_\_\_\_

Sign Name

Cancellation Clause:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.

**13.**

Authorized Representative

\_\_\_\_\_

Print Name

\_\_\_\_\_

Sign Name

Cancellation Clause:

Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will mail 30 days written notice to the certificate holder named to the left.

**13.**

Authorized Representative

\_\_\_\_\_

Print Name

\_\_\_\_\_

Sign Name

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Print Name \_\_\_\_\_

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Print Name

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Sign Name